S Depætment of Labor Office of Labor Management Standards Washington DC 20210

FORM LM-30 LABOR ORGANIZATION OFFICE **EMPLOYEE REPORT**

US DEPARTMENT OF LABOR OLMS

Form approved Office of Management and Budget No 1215 0188 Expires 11 30 2006

This report is mandatory under P L 86-257 as amended ailure to comply may result in criminal prosecution lines or civil penalties as provided by 29 U 39 or 440



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT

1 File Number U 25688	2 Fiscal Year Covered From			
	1 / 1 / 2004 Through 12 / 31 / 2004			
3 Name and address of person filing	4 Name file number and address of labor organization			
Name Anthony C Hill Sr	Name Service Employees AFL CIO			
	Labor Organization File Number 541 689			
PO Box Bldg Room No If any	P O Box Building and Room Number if any			
Street 2445 Dunn Avenue Apt #1006	Street 1313 L Street Northwest			
City Jacksonville	City Washington			
State Florida ZIP Cod: +4 32218-6901	State District of Columbia ZIP Code + 4 20005			
5 Position in labor organization Union Consult int				

Enter appropriate data below if during the past fiscal year you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions)

A Held an interest in engaged in transactions (including loans) with or monetary value from an employer whose employees your organization.	derived income or other economic benefit of on represents or is actively seeking to represent
6 Name and address of Employer (including trade nam: if any)	7 a Nature of Interest Transaction or Income
Name Service Employees AFL-CIO	Consultant on Labor Issues
Trade Name If any	
PO Eux Blug Room No Lang	
	7 b Amount
Street 1313 L Street Northwest	
City Washington	\$48 000
State District of Columbia ZiP Code + 4 20005	

Signature

submitted in this report (including the information contained in any accompanying	a docu:	ments) has been exa	mined by the signatory and is to the best of the
undersigned s knowledge and better true correct an I complete (See the section	ou ou i	penalties in the instruc	ctions)
$(O \circ (I))$			
- /1/1/ Khood C 2/0 4/		0.4 (3.77 (0.00))	
Signed Signed	On	04/17/2006	904 924 1646
		Date	Telephone Number